

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 7:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000036946**

1. Corporation Name

**CITRUS RECOVERY CORPORATION**

Principal Place of Business

1717 INDIAN RIVER BLVD.  
STE 100  
VERO BEACH FL 32960  
US

Mailing Address

~~1717 INDIAN RIVER BLVD.~~  
~~STE 100~~  
~~VERO BEACH FL 32960~~  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

~~127 W24025 Paul Ct. PO Box 449~~  
Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/21/1993

5. FEI Number

65-0415993

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>D</del>	BRACKETT, ROBERT L	1717 INDIAN RIVER BLVD.	VERO BEACH FL 32960
D	J. Michael Straka	36076 N. Beach Road	Lake Oconomowoc, WI 53066
<del>D</del>	GRAVES JR, HUBERT	1717 INDIAN RIVER BLVD.	VERO BEACH FL
D	Stephen C. Bonnell	N28 W22367 Fox Wood Lane	Waukesha, WI 53816
<del>D</del>	SCHLITT, LOUIS L	1717 INDIAN RIVER BLVD.	VERO BEACH FL
D/S	Donald J. Straka	N53 W14147 Invery Dr.	Menomonee Falls, WI 53051
<del>D</del>	SMITH JR, WALTER E.	1717 INDIAN RIVER BLVD.	VERO BEACH FL
P	Jack E. Schall	3495 NE 163 <sup>rd</sup> Street	North Miami Beach, FL 33160
<del>D</del>	THOMPSON, JAMES R	1717 INDIAN RIVER BLVD.	VERO BEACH FL
T	Steven T. Klitzing	1391 Forest View Lane	Oconomowoc, WI 53066
D	MASTELLER, EARL H	860 ROBIN LANE	SEBASTIAN FL 32958

8. Name and Address of Current Registered Agent

RILEY, RANDY J  
1717 INDIAN RVR BLVD  
STE 100  
VERO BEACH FL 32960

9. Name and Address of New Registered Agent

Name

Jack E. Schall

Street Address (P.O. Box Number is Not Acceptable)

3495 NE 163<sup>rd</sup> Street

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33160

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Jack E. Schall*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/24/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Jack E. Schall*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Jack E. Schall - President 10/24/02 (305) 956-5565

Date

Daytime Phone #

CR2E040 (8/02)